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FORM	3

REPORT OF RECEIPTS

FORM 3		ISBURSEN Authorized Com			Office L	Jse Only	
NAME OF COMMITTEE (in	TYPE OR PR		ample: If typing, typer the lines.	oe 12FE	24M5		
DESHEFY	FOR CON	6,RESS. C	OMMITTE	E.E	1 1 1 1	<u> </u>	
				1111	111	1111	
ADDRESS (number ar	nd street)	YANTIC	STREET	#232	1111		
Check if di	iferent Lili						لبب
than previous reported. (A		ich			063	40-14	296
2. FEC IDENTIFIC	CATION NUMBER ▼	CITY A		STATE A	<u> </u>	ZIP CODE	\
		3. IS THIS	NEW		MENDED	STATE ▼	DISTRICT
	4.2.6.8.1	REPORT	(N) OI	_	A) .	CIT	02
4. TYPE OF RE	PORT (Choose One)	(b) 12-Day PRE	-Election Report for	r the:	Ļ	· · · · · · · · · · · · · · · · · · ·	
(a) Quarterly R	eports:		·	6*1	! (400)	7 1	# (40D)
April 1	5 Quarterly Report (Q1)	ladi (==	Primary (12P)	Fr	eral (12G)	Runo	off (12R)
July 15	Quarterly Report (Q2)	English Control	Convention (12C)	Spe	ecial (12S)		
	er 15 Quarterly Report (Q3) 2004 How SEPT, 30, 20		M M / D		7 7	in the State of	umuhaw
- -7	y 31 Year-End Report (YE)		T-Election Report f	for the:			ARPRIKANANANI MARI
		00.W	General (30G)	Run	off (30R)	Spec	cial (30S)
Termin	ation Report (TER)	Election on	M M / D	D / Y Y	YZV	in the State of	
5. Covering Period	0.7 6.1	l à o o g	through	6. 4. 3	Ď <u>Έ</u>	ě	
I certify that I have o	examined this Report and	to the best of my kr	nowledge and belief	f it is true, corre	ect and comp	olete.	
Type or Print Name	of Treasurer NAN	icy Jean	DESHERY	<u> </u>		···	
Signature of Treasur	er Man	y Deshe	fry	_ Date	j Ö	عُ الْ	ŏŏặ
NOTE: Submission of	false, erroneous, or incon	plete information may	subject the person s	signing this Repo	ort to the pena	alties of 2 U.S.	C. §437g.
Office Use Only	6		/	*		C FORM evised 02/2003	